

Form No 1.

(1) PLACE OF BIRTH

County of Clarendon

Township of Calvary

or
Inc. Town of

or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42275

Registration District No. 1391

Registered No. 79

(For use of Local Registrar)

(2) Full Name of Child

Leubon G. N.

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth 7

(6) Pa. Married?

(7) DATE OF BIRTH Dec. 7, 1915

(Name of Month) (Day) (Year)

(8) FULL NAME Sanctus Lani

FATHER.

(14) NAME BEFORE MARRIAGE Walter Cooper

MOTHER.

(9) PRESENT POSTOFFICE OF FATHER Pinewood S.C.

(15) PRESENT POSTOFFICE OF MOTHER Pinewood S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 40

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 42

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 40

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(19) OCCUPATION Housewife

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth Seven

(21) Number of children of this mother now living, including present birth Six

(21) Number of children of this mother now living, including present birth Six

(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Walter Cooper

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pinewood S.C.

Given name added from a supplemental report

(26) Witness Mrs. J. H. Starch

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12/15/15

(28) Walter Cooper Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

Clarendon